



## COMPLAINT COMPLETION INSTRUCTIONS

Every Washington worker has the right to safety and health on the job. That's the law.

We provide the accompanying complaint form for you to report work place conditions which jeopardize workers' safety and health. Please complete the form as follows:

MOD/Date. Leave blank.

1. Complaint Number. Leave blank.
2. Employer Name. Enter the legal name of the employer or establishment.
3. Site Location. Enter street (or highway) address, city, state, and ZIP code of the work site where the alleged hazard exists.
4. Mailing Address (if different). Enter the mailing address for the establishment if it is different from the site address.
5. Management Official. Enter the name of the owner, operator, or agent in charge at the work site.
6. Telephone Number. Enter a telephone number at the establishment. This may be the number of the management official identified in Box 5 or another number for the establishment.
7. Type of Business. Describe the type of industrial activity performed at the workplace. For example, a complaint alleging an unsafe warehouse condition in an agricultural chemical plant would show "agricultural chemical plant" in this space, not "warehouse."
8. Hazard Description. Describe the alleged hazard in detail. Include as much information as can be obtained or is applicable. When more space is needed, continue on another sheet of paper. Attach all continuation sheets to the complaint form. Include who is affected, what is the hazard, where and when does the hazard exist, what is causing the hazard, and what has the employer done to eliminate the hazard.
9. Hazard Location. This is the specific building or work site where the alleged hazard exists.
10. Has this condition been brought to the attention of: Indicate whether the alleged hazard has been brought to the attention of either the employer or another government agency. Specify which agency, if applicable.
11. Please indicate your desire (reveal name). Mark "X" in the box indicating whether you wish your name to be released to the employer.
12. The undersigned (source of complaint). Mark "X" in the box that indicates your relationship with the employer. If "Other" is marked, please specify.

NOTE: If you wish to receive results of our inspection/investigation, complete Boxes 13 through 15.

13. Complainant Name. Enter your full name.

14. Telephone Number. Enter your telephone number.
15. Address. Enter your street address, city, state abbreviation, and ZIP code.
16. Signature. Please sign.
17. Date. Enter the date.
18. Authorized representative. This space is provided for the organization name and title of complainants who are authorized representatives of employees affected by the complaint.

The rest of the form will be used to evaluate your complaint. Please do not write below the "Official Use Only" line.

You may submit your completed form to your local Labor and Industries office or to the regional office listed on the complaint form.

Thank you for your concern.